

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

APPLICANT'S

09/476622

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IN .	DEP.	NO.	DEP.	NO.	DEP.
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TOTAL	5					
TOTAL	15					
TOTAL	20					

	NO.	DEP.	NO.	DEP.	NO.	DEP.
61						
62						
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